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ABSTRACT

Three Prince Albert school districts and the Community Health Region cooperated to deliver speech therapy services to rural areas; the cooperative program provided services that could not have been funded by the agencies acting independently. The agencies shared responsibility for funding, administration, and implementation of the program. Goals were to provide direct speech therapy for children with defective speech, to train teachers to conduct follow-up programs for children enrolled in therapy, to train parents to carry out home programs, and to counsel parents concerning the problems encountered by a child with defective speech. Although the program was judged a success by all participants, attainment of program goals was hampered by the therapists' limited time--speech therapists visited the schools only once every two weeks. Additional support programs are necessary to meet the objective of providing individual therapy for children with speech problems. Possible alternatives are hiring additional speech therapists, hiring speech aides, reducing caseloads by employing a more stringent case selection system, and developing speech packets that could be used by teachers and parents to help students with less severe speech difficulties. (JH)

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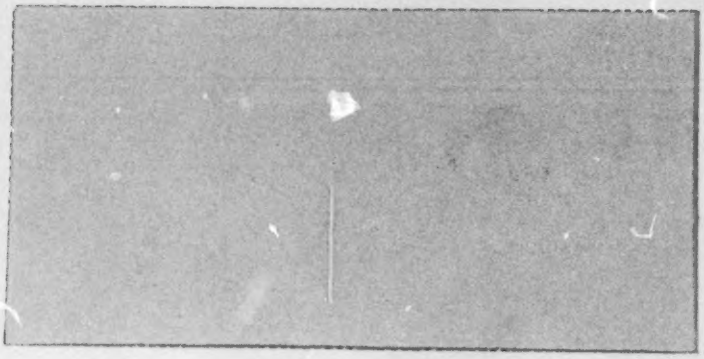

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PRINCE ALBERT FOUR AGENCY

COOPERATIVE SPEECH PROGRAM

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S.S.T.A. Research Centre Report No. 53

A report with recommendations prepared under the auspices of the Saskatchewan School Trustees Association Research Centre

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Note: The opinions expressed in this report are those of the author and may or may not be in agreement with SSTA officers or trustees, but are offered as being worthy of consideration by those responsible for making decisions.

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A. THE MOST SIGNIFICANT FINDING AND/OR APPLICATION OF THE PROJECT

Most rural school systems on their own cannot afford to have the services of a speech therapist. Costs, as related to the numbers of students requiring speech therapy service, are simply too great. It is an impossible task for the Community Health Region's speech therapist to provide the necessary speech therapy service for their large areas. However, when two or three school systems enter into a cooperative agreement, the provision of speech therapy services becomes feasible. Coordination of the school systems' speech program with the Community Health Region's speech program results in each obtaining a more complete speech service. A Cooperative Speech Program involving two or three school systems and Saskatchewan Health is viewed as a viable approach to resolve some of the speech therapy service problems within rural communities.

B. PURPOSE OF THE PROJECT

In developing the Prince Albert Four Agency Cooperative Speech Program, a number of objectives were established as guidelines. The overall goal of the Four Agency Cooperative Speech Program was to provide direct speech therapy services for children who have speech problems in the Prince Albert School Districts. In more specific terms, the program goals were to enhance achievement and develop positive self-concepts by:

(1) Providing speech therapy for children with defective speech.

(2) Providing inservice training for teachers in order to continue a follow-up program for children who received or were receiving speech therapy in the schools.

(3) Providing help for parents to continue the follow-up program at home for children who received or were receiving speech therapy on a regular basis.

(4) Providing counselling for parents to improve their understanding of the problems encountered by a child with defective speech.

An important objective of the project was to test the "cooperative" nature of the model. The Four Agency Cooperative Speech Program involved cooperation among the three participating school districts and Saskatchewan Health in matters of funding, administration, and implementation.

C. PROCEDURES AND POPULATIONS USED

Prior to implementation of the Program, children with defective speech were assessed by Regional Health's Educational Psychologist, who happened to have a speech background. The psychologist provided services to schools and took part in summer correction classes for children but upon his leaving the Prince Albert area, children were sent to Saskatoon for assessment and subsequent therapy. The distance, expense and time involved, did not make for a satisfactory arrangement. In January, 1976 the Prince Albert Health Region employed a speech therapist to serve nine school districts. It was impossible for the therapist to provide adequate services for the entire area. However, some speech therapy service was available to the Prince Albert area and, it was thought, could be used profitably in conjunction with an on-going speech program.

The first cooperative effort of the three school districts in the area of speech correction, came in the form of providing block speech correction classes in the summer months of 1973. The success of this initial summer program led to the establishment of block speech programs each summer until the Four Agency Cooperative Speech Program secured the necessary funding to hire a speech therapist.

The effects of a coordinating committee consisting of liaison consultants from the Prince Albert Public School District #3, the Prince Albert School Unit #56, the Prince Albert Separate School District #6 and the Prince Albert Community Health

Region #12 were significant in the eventual decision to hire a speech therapist.

The Four Agency Cooperative Speech Program started operation on July 5, 1976. The speech therapist employed for the Program together with a speech therapist from the Prince Albert Health Region delivered a summer speech correction program. The summer program served sixty children from the Prince Albert area and was divided into two three-week sessions with each child receiving fifteen lessons of one-half hour duration. Daily personal contact was made with parents and included outlines of the therapy sessions and a home program prepared and subsequently placed in school files for future reference. As well, the speech therapists exchanged clientele as they carried on with speech therapy in their own speech programs.

Upon returning to their individual speech programs, the speech therapists continued to share equipment, clients and an exchange of ideas relating to speech therapy. After the first year of operation the therapists moved to adjoining offices in the Regional Health office. Greater cooperation developed between the therapists as well as a side benefit of not being professionally isolated as rural speech therapists often are. With the Four Agency Cooperative Speech Program housed in the Regional Health office opportunity was provided to consult with the Saskatchewan Hearing Aid Plan and share the use of their equipment and a "sound treated" room. As well, discussion of management strategies for assisting hearing impaired children in the school systems was facilitated.

The regular school program of the Prince Albert Four Agency Cooperative Speech Program was divided according to school population by a Coordinating and Planning Committee. Each school system obtained service according to the following formula:

Prince Albert S. U. #56. . . . . .3/12 or 5 days/month
Prince Albert S. D. #6. . . . . .4/12 or 6½ days/month
Prince Albert S. D. #3. . . . . .5/12 or 8½ days/month

The above formula resulted in the following:

School Unit #56 obtained	50	days of speech therapy service
School District #6 obtained	66.67	days of speech therapy service
School District #3 obtained	83.33	days of speech therapy service
TOTAL	200.00	days of speech therapy service

The formula for the distribution of speech therapy services was also used to divide operational expenses. The committee established a budget and each school district was billed according to the amount of time spent in their particular system. The secretary-treasurer of the Prince Albert Public School System supervised budgeting for the Four Agency Cooperative Speech Program, assisted in the purchase of equipment and office supplies, and managed the payroll. The secretary-treasurer became a valuable member of the team as his assistance kept the operation running smoothly. Each school district was individually responsible for the therapist's travel expenses as some school systems preferred to contract according to mileage and others preferred to contract on a monthly basis.

In an attempt to provide individual help for the large number of children with developmental and articulation disorders, Articulation Speech Packets were devised. With the cooperation of the speech therapist from the Prince Albert Health Region, these speech packets were developed and implemented as a pilot project. The Four Agency Cooperative Speech Program used the packets within two school systems on a limited basis. Teachers involved with the packets gave favorable reports on their effectiveness. As a result, the packets are currently being revised and improved so that in the 1978-79 school term the packets will be available to all systems at the discretion of the speech therapist. Resource room teachers, teacher aides, classroom teachers and some parents will be administering the speech packets under the close supervision of the speech therapists from Regional Health and the Four Agency Cooperative Speech Program. The speech therapists will conduct an initial assessment, select the children to be included in the program, and upon completion

of the packet, reassess each child.

The speech therapist rotated from school system to school system and travelled to each school according to a preplanned schedule. The time schedule was arranged so that designated schools were visited every two weeks. Speech assessments, speech therapy and teacher/parent counselling were included as parts of each school visit. Subsequent school and home programs, as required, were arranged for the children.

The speech therapist conducted inservice workshops at the request of parents, teachers, and the school systems relating to their particular concerns or needs. Inservice sessions were held on such topics as: normal speech development, general speech problems, articulation disorders, disorders of the hearing impaired, speech articulation packets, and the philosophy and functioning of the Four Agency Cooperative Speech Program.

Speech therapy was conducted on a weekly basis after school hours for high priority children identified as having special needs. These sessions included a Division II stuttering group, a group of hearing impaired children, a cerebral palsied child, a child with a neurophysiological disorder and an emotionally disturbed child.

Plans are under way to implement an Impedance Pure-Tone Hearing Screening Program for all kindergarten children in the Prince Albert School Districts. The screening program will require the assistance of volunteers, and will be closely coordinated with the travelling Saskatchewan Hearing Aid Team. The program should be functional in the 1978 fall school term.

The Project Population Base

The Four Agency Cooperative Speech Program encompassed the three Prince Albert School Districts and involved both rural and urban school populations.

Prince Albert S. U. #56	approximately	2,350 students
Prince Albert S. D. #6	approximately	2,400 students
Prince Albert S. D. #3	approximately	3,700 students
	TOTAL	8,450 students

The school populations involved the normal cross section of children from kindergarten to grade twelve and included children in special education classes. Prince Albert is a major center in north central Saskatchewan and has a number of second-language children of native descent and of French, Chillian, Ukrainian and Polish parentage. The dialects of these second-language children were not considered a major articulation problem, however, difficulties with language concepts were prevalent. Because of the large numbers of children with the above and related language difficulties only a limited number of these children were included in the Program.

The speech therapist focused the majority of his time and concerns on Division I children (approximately 78%). The caseload was distributed as follows:

Articulation disorders	61 - 86%
Hearing impaired	3.8%
*Language impaired	3.3%

Intensive therapy blocks were only established during the summer speech correction clinics of 1976 and 1977.

D. MAJOR FINDINGS

1. The most significant finding was that the task was too great for one speech therapist when the main objective was to provide direct therapy for children with defective speech. The information obtained from questionnaires filled out by teachers and principals after each year of the project supported this finding.
2. The therapist found that budget, report preparation, in-service, administration, program planning, and attendance

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*Because the number of children the speech therapist was required to assess was great in the beginning years of the speech program, children with language related disorders were given low priority and only upon special request was extensive language testing or language therapy administered.

at required meetings and conferences increased over the two years of the Project. This increase in non-therapeutic activity changed the role of the therapist to one of consultant as compared to the originally proposed therapist role.

3. Because the speech therapist's office was located away from the school district's central offices, the therapist tends to be isolated from the school systems. School personnel and the speech therapist began to view the Four Agency Cooperative Speech Program as an independent unit and the isolated location created additional administrative responsibilities (such as ordering supplies and the hiring and organizing of secretarial help).
4. Implementation of the speech program increased teachers' awareness of speech problems within the school population. The increase in awareness brought a greater number of speech referrals than was first anticipated.

Attainment of Objectives

Objective 1: Provision of Direct Therapy for Children with Defective Speech

Time commitments to each of the school districts by the speech therapist only allowed visits to the schools every two weeks. The time lapse between therapy sessions made speech therapy too infrequent to obtain adequate success and carry-over. Not enough time could be spent to ensure that home follow-up programs were completed. In addition, teachers' classroom work load was such that they could not afford the time necessary for daily individual speech work.

Objective 2: Provision of Inservice for Teachers to Continue a Follow-Up Program in School for Children who Received or were Receiving Speech Therapy

Inservice succeeded in increasing the awareness of speech disorders in children. Questionnaires filled out by teachers indicated that the help and suggestions for classroom speech

activities were found useful. Teachers felt they didn't have the necessary time for individual help and that correction, for the most part, should be left to the speech therapist.

Objective 3: Provision of Help for Parents to Continue a Follow-Up Program at Home for Children who Received or were Receiving Speech Therapy

Little follow-up occurred except for that done by a few concerned parents. The notes sent home outlining follow-up work were seldom adhered to by parents. The poor follow-up may have resulted from:

a) lack of time and instruction from the speech therapist,
b) parents not knowing what to do, or
c) parents deciding to leave correction to the therapist.

An alternative method of follow-up must be developed so that the speech therapist's time with the children in therapy is more effective.

Objective 4: Provision of Counselling for Parents to Improve Their Understanding of the Problems Encountered by a Child with Defective Speech

Significant gains were made with parents, who were counselled, in understanding their child's needs. However, few parents took advantage of the counselling service.

In summary, it was demonstrated that school systems could share time and expenses in a cooperative program. Each school system allowed program flexibility and was determined to see the program work. While the office location caused some isolation from the school systems it did help to coordinate the services of the speech therapists, the Saskatchewan Hearing Aid Plan and the school speech programs.

E. CONCLUSIONS

A multi-agency cooperative speech program is a viable approach to delivery of speech therapy service. The cooperation and flexibility of each involved school system provided support

for the therapist in attempts to implement new ideas and approaches for the treatment of speech disorders in schools.

The program works most effectively when the speech therapist has one contact person in each system who can provide information and assistance. The liaison consultants proved to be an invaluable aid to the speech therapist, especially in the first year of the program. The secretary-treasurer from one of the involved school systems handled the funding for the Four Agency Speech Program and proved to be a great asset in maintaining a smooth functioning program.

Feedback through evaluation questionnaires and from those more directly connected with the speech program was favorable. General responses from the questionnaire indicated that the speech program was effective. However, it was also indicated that the number of children requiring speech therapy service was too great to be serviced by a single speech therapist. Teachers also expressed that the speech program increased their awareness of speech development, speech problems, detection of speech problems, and classroom speech-related activities.

Additional support programs are needed to meet the main objective of providing individual speech therapy for children with defective speech. Possible alternatives are: (1) to hire additional speech therapists, (2) to hire speech aides, (3) to reduce the caseload to a workable level by employing a more stringent case selection system, and (4) to develop speech packets which would assist in eliminating some of the less involved speech difficulties.

It was judged that the speech program services the Prince Albert area as effectively as might be expected within present limitations given the large number of referrals.

F. IMPLICATIONS FOR FURTHER RESEARCH

1. To investigate and evaluate the effectiveness of using volunteers in the administration of Developmental Articulation Speech Packets.

2. To assess the possibilities of implementing a preventive program, as compared to the present correctional program, by working with parents, teachers and interest groups.
3. To evaluate the effectiveness of reducing the caseload by introducing a more stringent assessment system (such as focusing on particular speech disorders or specific age levels).

G. RECOMMENDATIONS FOR PRACTICE AND/OR APPLICATIONS OF THE FINDINGS

Each school district must adjust the model to meet their particular needs. The speech therapist should be allowed sufficient freedom to focus on his or her areas of expertise and to adjust the program so that it functions effectively within the limitations of the school system. If possible, additional help should be obtained to provide a broad service base. Liaison consultants and secretarial help are a necessity if the program is to withstand initial growing pains. A cooperative model is effective and allows rural school districts access to the services of a speech therapist additional to Saskatchewan Health's speech services. Cooperation should always be established with Community Health Services so that each region can get full benefit of the speech therapy service in their area.

APPENDIX A

A Summary of the Children Involved in the Prince Albert Four Agency Cooperative Speech Program.

1976-77 SCHOOL TERM

	Numbers Referred	Numbers Assessed	Numbers Beginning Therapy	Numbers To Be Rechecked	Numbers Closed
Prince Albert School Unit #56	61	58	40	13	6
Prince Albert Roman Catholic School District #6	81	47	29	12	3
Prince Albert Public School District #3	112	86	66	14	22
1976 - 77 TOTAL	254	191	135	39	11

1977 - 78 SCHOOL TERM

	Referrals from last Year	New Referrals	Total Number Referred	Numbers Beginning Therapy	Numbers Closed	Numbers to be Rechecked
Prince Albert School Unit #56	20	45	65	41	2	25
Prince Albert Roman Catholic School District #6	40	23	63	28	2	13
Prince Albert Public School District #3	24	81	105	81	8	27
1977 - 78 TOTAL	84	149	233	150	12	65